

Intermediate Hospital Katutura and Windhoek Central Hospital get New Skills in Planning and Implementing the Quality Improvement Programme

The Building Local Capacity (BLC) Project once again collaborated with the Quality Assurance (QA) Unit of Ministry of Health and Social Services (MoHSS) to conduct three-day leadership and management workshops for departments of the Intermediate Hospital Katutura (IHK) and Windhoek Central Hospital (WCH).

Facilitated by four BLC staff members, the training for IHK was held from the 4th - 6th and WCH from the 9th - 11th September 2013 in Windhoek. A total of 30 participants from IHK and 28 from WCH benefitted from the training.

The training provided a clear understanding on the roles of the department leads in the quality improvement and leadership (QIL) program; the importance of team work; and the timely implementation of action plans addressing identified gaps in the hospital facilities. The training also enhanced the participants' problem solving skills which will enable them to improve interpersonal communication within their departments. It also helped the participants to learn how to create a shared vision for improved health services delivery in the hospitals.



Dr. Nelago Amagulu, Acting Medical Superintendent IHK (left) getting explanation about CoQIS. Photo by MSH/BLC staff.

The workshop delivery method was based on:

- Adult learning principles of creation of new experiences
- Observation and reflection
- Plenary discussions
- Group work

The training had a number of sessions dedicated to helping participants understand leadership values and practices; their application; and their importance for effective communication; teamwork and to quality improvement. At the end, participants used the learning from the practical sessions to develop work plans on the immediate actions to be undertaken in the next four months. The participatory scoring of the strengths and weaknesses of IHK along the eight leading and managing practices of scan (9), focus (-14), align and mobilize (9), inspire (-3), plan (21), organize (5), implement (-13) and monitor and evaluate (-9) indicated that there is very strong planning but weak implementation, focusing and monitoring and evaluation. Other vital factors attributed to the observed scores were reported by participants as poor understanding of team work and team roles; lack of knowledge on

the need to communicate and collaborate amongst departments; and lack of a common vision to direct their actions.

“QIL has helped us to plan for activities which are implementable and can be monitored and evaluated, MoHSS planning template does not help us to plan appropriately” Dr. Amagulu, Acting Medical superintendent, IHK

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UPCOMING EVENTS (NOV- DEC 2013)

- SIAPS post-implementation assessment of Namibia Standard Treatment Guidelines (STGs)
- SIAPS support to UNAM School of Pharmacy for development of a five-year strategic plan
- SIAPS training for Kavango and Oshana IT staff on Syspro and electronic dispensing tool (EDT)
- SCMS health facility inventory control and good storage practices improvement evaluation
- SCMS support to Central Medical Stores (CMS) for review of tender documents
- BLC writers workshop for coaches and customer care staff of Katutura and Windhoek Central Hospitals
- BLC knowledge management training in Pretoria for NANASO, NIPAM and MoHSS staff

Quality Improvement Programme

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Scores against the leading and managing practices and the bull's eye scores for IHK

The same exercise for WCH yielded similar results as below.



Scores against the leading and managing practices and the bull's eye scores for IHK

The green dots indicate strength while red dots indicate weaknesses. The bull's eye red dots indicate where the participants ranked their progress and lessons learnt after the first day. The green dots indicated individual progress for day two and the blue dots indicated the progress and lessons learnt on the last day of the training, hoping that all expectations had been met. Participants expressed that there is need for more open and effective dialogue across all levels of the organization to promote team work and

"I have learnt about my responsibilities and roles of team members, their value to the team and how these complement each other. I now know how to log onto the COQIS, navigate it and understand the scores. The challenge model simplified how to identify challenges; set time frame; and develop and action plan" Ellie Ndugula, Senior Human Resources Practitioner, IHK

"It's about that patient from the disadvantaged group who is looking at us for service that we should have in mind. What is my role to improve the community and give back to the community? We have learnt a lot and we are going back loaded with ideas and skills to improve", Sister Sitengu, Department Lead - Nursing Services, WCH

This was in addition to the realization that all staffs need to make an effort at inspiring themselves and others. The participants appreciated the training and linked what they have learnt with their day to day tasks within their departments. Most participants indicated that they learnt more practical and relevant skills in leading and managing a team and how it will improve their work ethics and performance.

Contributed by Rachel Basirika
(Technical Capacity Building Advisor) BLC

Strengthening the Management of DR-TB Patients in Namibia Using the TB Management Information System (e-TB Manager)

The USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) programme supported the National Tuberculosis (TB) and Leprosy Programme (NTLP) of the Ministry of Health and Social Services (MoHSS) to conduct a four-day training on the TB Management Information System (e-TB Manager) at the Safari Conference Centre in Windhoek, Namibia. Forty healthcare workers including nurses, doctors, pharmacists and pharmacy assistants from all the 34 district hospitals in Namibia attended the training from 22nd - 25th October 2013.

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SCMS guides procurement of kits and roll out of the Health Extension Programme in Namibia

The Supply Chain Management System (SCMS) in Namibia provided technical assistance (TA) to the directorate of Primary Health Care (PHC) and the Central Medical Stores (CMS) of the Ministry of Health and Social Services (MoHSS) for timely procurement and distribution of kits for the Health Extension Program (HEP).

SCMS provided technical input in defining the contents, specifications, quantities and packaging requirements to facilitate the procurement of the HEW kits through CMS. This enabled CMS to procure 550 kits within reasonably short period of nine weeks, and distribute them to the six sites in October 2013. As the HEW kit is composed of 31 different items, the contents would normally have to be sourced from several suppliers and then assembled into kits using manual labor. This requirement would make the kit delivery time relatively longer than that for individual items. Contracting of a local supplier with prior experience in sourcing and assembling of health worker kits significantly contributed to the quick procurement and delivery of the kits to the sites. This first procurement is part of a total of 4,500 kits to be procured in the next three to four years. The experience gained during this round will be utilised for the next consecutive procurement processes to meet the objectives of HEP.

The kits will be used for demonstration during training and eventual field practice of an inaugural cohort of 565 Health Extension Workers (HEWs) whose training commenced in October 2013. Training and equipping of HEW is part of the HEP, a community based intervention adopted by Namibia so as to extend access to health services to communities who are currently disadvantaged due to long distances to health facilities in Namibia.

SCMS also contributed to the development of the HEW curriculum, focussing on commodities supply and inventory management. SCMS support to the HEP is part of the efforts aimed at consolidating the national supply chain to ensure sustainable integration of procurement, warehousing, distribution and information systems for HIV/AIDS related commodities for Home Based HIV Care and Pediatric Care and Support.

Contributed by Alemayehu Wolde
Senior Technical Advisor, SCMS

Transitioning to New Antiretroviral Treatment (ART) Regimens in Namibia

At the invitation of the Directorate of Special Programs (DSP) of the Ministry of Health and Social Services (MoHSS), Supply Chain Management System (SCMS) participated in a three-day retreat of the HIV/AIDS Treatment Advisory Committee (TAC) held between 5th - 7th September 2013 in Swakopmund.

The retreat was held to discuss proposed changes to the 2010 national antiretroviral treatment (ART) guidelines that Namibia is revising in line with the recently updated 2013 World Health Organization (WHO) consolidated guidelines on use of antiretroviral (ARV) drugs for treating and preventing HIV infection. During the retreat, SCMS gave a presentation on "Supply chain considerations during transition to new regimens". The presentation highlighted current regimen

distribution, stock status of key items, the need to carefully phase-in new ARV formulations, the anticipated increase in ARV costs and challenges of limited supply sources, especially for paediatric formulations, leading to long procurement lead times. SCMS also advocated for inclusion of a section containing "Guidelines for healthcare workers on dispensing of ARVs" in the new ART guidelines to ensure consistency of practices across all sites in light of the continuing drive for decentralization of ART services.

Speaking at the close of the retreat the Chairman of the TAC, Dr. Ismael Katjitae praised the ART guideline review team for the tremendous display of sacrifice in working late into the evenings and over the weekend and also acknowledged the open discussions and contribution of various

partners including SCMS. Namibia has been able to achieve remarkable success in the fight against HIV/AIDS with over 115,000 patients currently on ART, representing a treatment coverage rate of over 85%. As the country moves to adjust the criteria for starting ART from a CD4 count of ≤ 350 to ≤ 500 cells/mm³, it is expected that more than 36,000 patients will be enrolled on ART within the next 2 years.

In order to plan and budget appropriately for the increased patient numbers and the introduction of convenient, one-pill-a-day triple tenofovir-based fixed dose combination tablets, SCMS will continue to support MoHSS to monitor stock status and forecast ARV requirements based on the revised ART guidelines.

Contributed by Benjamin Ongeru
SCMS Senior Technical Manager

Quality Improvement Programme helps departments at Intermediate Hospital Katutura solve problems - one problem at a time

For Doctor Gaudencia Dausab, it is all about getting the patients back on their feet. "Don't get into the medical field if you expect to be thanked," warns the Medical Officer at Namibia's Intermediate Hospital Katutura (IHK). However it is heart-warming when the odd patient remembers to express their gratitude. "It blows you away" she says.

Gaudencia is one of ten coaches in BLC's Quality Improvement and Leadership (QIL) program. Funded by USAID, BLC through the QIL programme helps hospitals deliver improved services to patients by developing effective managers and strong management systems. When she was nominated as a coach, Gaudencia felt that she had been thrown in the deep-end and was reluctant to take up the position. "I felt confused and misplaced. I didn't see myself as a manager at all. I could handle taking instructions but could not see myself giving them." But after three workshops; standards interpretation, COHSASA Quality Improvement System (CoQIS), coaching, and on-going support from BLC, Gaudencia has changed her mind. "I realised that this is our programme and we have to take ownership of it", Gaudencia adds. The coaches are in-house mentors and motivators who are working with the department leads and encourage them to apply leading and managing practices to support teams to achieve their desired results. She leads two service

elements, the critical care and surgery, and is coach to four service element leads-maternity, pediatrics, internal medicine, and resuscitation. She spends about two hours each day on the QIL but has to do this after her normal duties in the Gynecology and Obstetrics Department. Because the service element leads are just as busy, Gaudencia has had to adapt her approach.

"I start by reflecting on progress made and giving positive feedback to make them realise that the QIL programme is making a difference. I then encourage the lead to focus on a problem that we can do something about in the hospital. I help them come up with possible solutions and map out how to implement them. When I sense that he is feeling motivated and hopeful, I tell him now go do the same with your staff", said Dr. Dausab

She has chosen an informal style and will often talk with the leads on the telephone instead of waiting for a formal meeting. Like many urban referral hospitals the Emergency unit at IHK is overcrowded. Up to 150 people pass through its doors every night to be seen by only three doctors. "In reality the Emergency Unit is functioning like a clinic. Patients have the perception that service delivery at the hospital is faster, and they know that we cannot turn anyone away." In her capacity as coach, Gaudencia worked with the Resuscitation Section lead to propose a triage system to prioritise patients



Dr. Gaudencia Dausab providing updates to the BLC team during a support visit in October 2013 at Intermediate Hospital Katutura in Windhoek. Photo by MSH/BLC staff

for medical treatment. When adopted as policy, the Emergency Unit will function more effectively by attending first to the critical patients and referring the rest to other levels of care as necessary. Gaudencia is hopeful that the QIL process will also address the larger problems such as equipment maintenance requirements that are outside the control of the hospital departments. Challenges requiring budget allocations are referred to the hospital management to incorporate in the next financial year's budget and staffing shortages are taken up with the Ministry of Health through the Quality Assurance Unit. The QIL program emphasizes a functional patient treatment recording system..

Contributed by Rachel Basirika, Cherizaan Willems and Naume Kupe - BLC

SIAPS Supports Coalition Building on Antimicrobial Resistance in Namibia

The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Namibia supported activities of the national annual Pharmacy week (16th - 20th September 2013) in Windhoek on the theme “Pharmacy Against antimicrobial resistance” with focus on rational use of medicines (RUM). The support is in line with SIAPS' commitment to improving pharmaceutical services to achieve desired health outcomes, assuring patient safety and therapeutic effectiveness, and improving medicine use.

Pharmacy week is an annual collaborative event between the public and private sectors; organised by the Ministry of Health and Social Services (MoHSS) and Pharmaceutical Society of Namibia (PSN). SIAPS developed and customised Antimicrobial Resistance (AMR) material that was used in a Pharmacy Council-

accredited Continuing Professional Development (CPD) event which was facilitated by University of Namibia-School of Pharmacy (UNAM-SoP), as a follow up to the AMR workshop held in July 2013.

SIAPS also compiled and supported publication of an AMR/ RUM article in two local Namibia newspapers for awareness creation; shared articles on AMR in Namibia which PSN used to develop a questionnaire to engage pharmacists countrywide. A total number of 35 people attended the accredited CPD event. Issues of AMR have gained attention / prominence in Namibia. Following the pharmacy week, a one-hour live show on AMR was broadcast on the national television featuring two pharmacists (the Associate Dean of UNAM-SoP and the Procurement Manager for Global Fund based at MoHSS).

Furthermore, AMR is one of the topics scheduled for discussion on 23 November 2013 by a multidisciplinary coalition, Namibians Against Antimicrobial Resistance (NAAR). NAAR comprises both Private and Public health practitioners (Doctors, Pharmacists and Nurses).

As access medicines for management of a variety of conditions including HIV, Tuberculosis and other communicable and non-communicable diseases continues to improve in Namibia, improving the Rational Use of Medicines and prevention of AMR become paramount in ensuring availability and safe use of medicines. SIAPS will continue working with the various stakeholders to enhance capacity for and action against AMR.

Contributed by Harriet Rachel Kagoya (Senior Monitoring and Evaluation Advisor/SIAPS)

Strengthening the Management of DR-TB Patients in Namibia Continued from Page 2



Dr. Nunurai Ruswa (National DR-TB Medical Officer) demonstrating the e-TB Manager system during a training session in October, 2013. Photo by MSH staff.

The e-TB Manager is a web based system that will be used by healthcare workers to manage patients with drug resistant (DR) TB at thirteen designated regional DR-TB centres in Namibia.

The system comprises four modules, including the patient profiles (cases), medicines, management and administration modules. The case module provides an interface for searching, notifying, closing, transferring, and validating TB cases, whereas the medicines module is used for recording TB medicines receiving, ordering and dispensing. The management module allows for reports generation at national, regional, and district levels; medicines forecasting and data export for further analyses. The administration function enables efficient management of user profiles and reference data, including medicines, treatment regimens, TB units, etc. The training was largely hands-on, and saw all DR-TB patient files brought by participants entered into the system. These patients can now be managed through the system - accessible from the web. The training marked the initial step towards the roll out of the e-TB Manager to all 13 DR-TB centres countrywide. This comes after the system was successfully piloted at Intermediate Hospital Oshakati and Walvis Bay District Hospital. A recently concluded WHO assessment of the NTLIP, Namibia programme recommended implementation of e-TB Manager with a customized version for Namibia. The system is expected to be immediately in use and to provide evidence based information on the management of DR-TB patients including those co-infected with HIV.

Contributed by Samson Mwinga (MIS Senior Technical Advisor/SIAPS)

ABOUT THE NEWSLETTER

The SIAPS/SCMS/BLC Namibia e-Newsletter is a bi-monthly newsletter that keeps you abreast of activities funded by the USAID and implemented by MSH Namibia.

Key focus areas are:

- Strengthening Health Systems
- Capacity Building
- Human Resource Development

Editorial Team:

- Mr. Lazarus Indongo (MoHSS)
- Mr. Evans Sagwa (MSH)
- Mr. Benjamin Ongeru (MSH)
- Ms. Harriet Rachel Kagoya (MSH)

Your contribution to this valuable communication medium would be highly appreciated and can be e-mailed to esagwa@msh.org

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